



FEE TRANSMITTAL

MAIL STOP AF

Complete If Known

Application No.	09/620,563
Filing Date	July 20, 2000
First Named Inventor	June D. Martin et al..
Examiner Name	Eric T. Shaffer
Group Art Unit	3623

Total Amount Of Payment (\$)**506.00**

Attorney Docket No. 52493.000102

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP.

RECEIVED

JUN 10 2004

GROUP 3600

2. ☒ Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

FEE CALCULATION

1. BASIC FILING FEE ☒ Large Entity **1** Small Entity ☐

FEE PAID

Utility Filing Fee	\$
Design Filing Fee	\$
Plant Filing Fee	\$
Reissue Filing Fee	\$
Provisional Filing Fee	\$

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input checked="" type="checkbox"/> <u>Two</u> Month Extension of Time	\$ \$420.00
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input checked="" type="checkbox"/> Other (specify) <u>RCE</u>	\$ \$ 770.00

2. EXTRA CLAIMS FEES

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS	34	46	0	x \$ 18.00	x \$ 9.00	\$ 0.00
INDEPENDENT CLAIMS	5	4	1	x \$ 86.00	x \$ 43.00	\$ 86.00
MULTIPLE DEPENDENT CLAIMS				\$ 290.00	\$ 145.00	\$ 0.00
TOTAL EXTRA CLAIMS FEES						\$ 86.00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Cizzie A. Fares

Registration No. 43,606

Signature

Date June 7, 2004